APPLICATION DATA SHEET

Application Information

| Application Number:: | |
|----------------------------------|--|
| Filing Date:: | |
| Application Type:: | Regular |
| Subject Matter:: | |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of Copies of CRF:: | |
| Title:: | |
| Attorney Docket Number:: | INTERFEROMETER SYSTEM, METHOD FOR |
| | RECORDING AN INTERFEROGRAM AND |
| | METHOD FOR PROVIDING AND |
| | MANUFACTURING AN OBJECT HAVING A |
| | TARGET SURFACE |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 5 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | and the second s |
| Licensed US Govt. Agency:: | |

Contract or Grant Numbers:: Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Stefan

Middle Name::

Family Name::

SCHULTE

Name Suffix::

City of Residence::

Aalen

State or Province of Residence::

Country of Residence::

Germany

Street of Mailing Address::

Schnaitbergstrasse 37

City of Mailing Address::

Aalen

State or Province of Mailing Address::

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing

D-73434

Address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Bernd

Middle Name::

Family Name::

DÖRBAND

Name Suffix::

City of Residence::

Aalen

State or Province of Residence::

Country of Residence::

Germany

Street of Mailing Address::

Sauerbachstrasse 103

City of Mailing Address::

Aalen

State or Province of Mailing Address::

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing

D-73434

Address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Henriette

Middle Name::

Family Name::

MÜLLER

Name Suffix::

City of Residence::

Aalen

State or Province of Residence::

Country of Residence::

Germany

Street of Mailing Address::

Sauerbachstrasse 103

City of Mailing Address::

Aalen

State or Province of Mailing Address::

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing

D-73434

Address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Wolfgang

Middle Name::

Family Name::

KÄHLER

Name Suffix::

City of Residence::

Aalen

State or Province of Residence::

Country of Residence::

Germany

Street of Mailing Address::

Jahnstrasse 39

City of Mailing Address::

Aalen

State or Province of Mailing Address::

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing

D-73431

Address::

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

Representative Information

Representative Customer Number::

21839

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing |
|------------------|-------------------|----------------------|---------------|
| | | | Date:: |
| This application | Continuation of | PCT/EP02/07080 | 06/26/02 |
| | | | |

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Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority | |
|-----------|----------------------|---------------|-----------|--|
| | | | Claimed:: | |
| Germany | 101 30 902.3 | 06/27/01 | Yes | |
| | | | | |
| | | | | |

Assignee Information

Assignee Name::

Carl Zeiss SMT AG

Street of Mailing Address::

Carl-Zeiss-Strasse 22

City of Mailing Address::

Oberkochen

State or Province of Mailing Address::

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing

Address::

D-73447